From dreams to reality

Therapy of gliomas in the elderly

for palliation, after partial surgery







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chronological age
biological age
surrogates
fitness
comorbidity
frailty index
entry into clinical trials
prognosis
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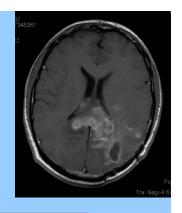
entry into clinical trials

prognosis

trials	age limit		
1980's & 1990's	65		
2000's	70		

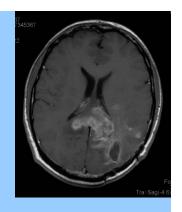
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prognosis
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prognosis in GBM



prognostic indices in <65 / 70 year olds prognostic index in ≥ 70 years

prognosis in GBM



prognostic indices in <65 / 70 year olds

prognostic index in ≥ 70 years

definition of prognosis in GBM based on clinical trials RPA index (RTOG)

age
performance status
extent of resection
neurological function (working/not working)

RPA recursive partitioning analysis

Age and outcome in high grade gliomas

Li et al Int. J. Radiation Oncology Biol. Phys., 81, (3), 623-630, 2011

definition of prognosis in GBM based on RTOG clinical trials new RPA classes

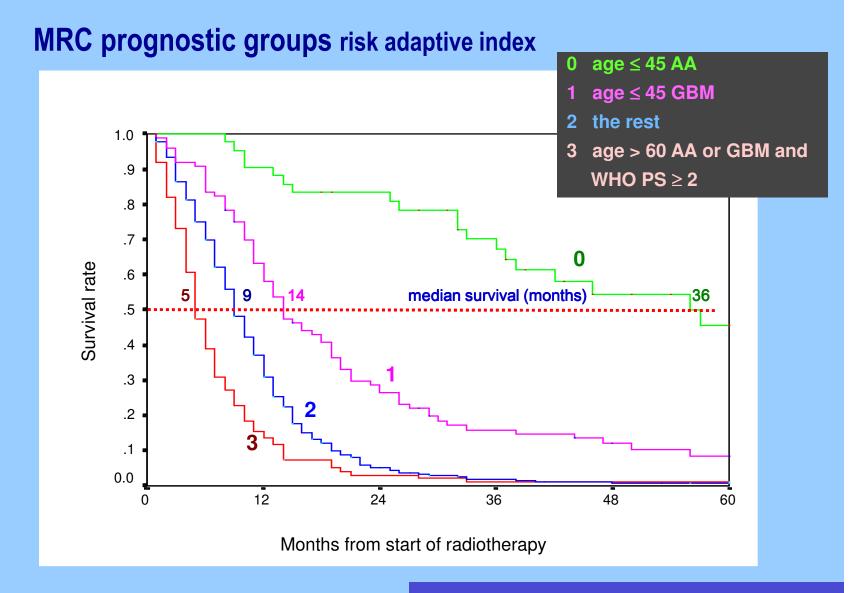
	aç	ge	KI	PS	KI	PS	sur	gery	funct	ion
class	< 50	≥50	≥90	<90	≥70	<70	resec'	biopsy	working	other
Ш	+		+							
IV	+			+						
		+			+		RPA		media	an
V&VI		+			+		class		surviva	l (m)
		+			+		Ш		17.1	
		+				+	IV		11.2)
							V & VI		7.5	

Age and outcome in high grade gliomas

Li et al Int. J. Radiation Oncology Biol. Phys., 81, (3), 623-630, 2011

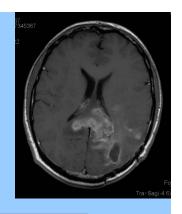
definition of prognosis in HGG based on clinical trials MRC prognostic index

age
performance status
histology



High grade glioma prognosis

prognosis in GBM



prognostic indices in <65 / 70 year olds prognostic index in ≥ 70 years

Prognosis in GBM in ≥ 70s RPA index

age (<75.5 / ≥75.5 yrs)
performance status
extent of resection

Age and outcome in high grade gliomas

Scott et al, Cancer 2012;118:5595-600

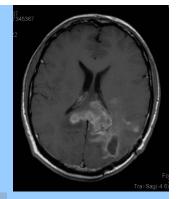
Prognosis in GBM in ≥ 70s RPA classes

	a	ge	KPS		surgery	
class	< 75.5	≥75.5	≥70	<70	resec'	hionsv
I	+				PA ass	median survival (m
II		+				9.1
Ш			+	i i		7.0
IV				+ ;;;		4.5
				١٧	1	2.7

Age and outcome in high grade gliomas

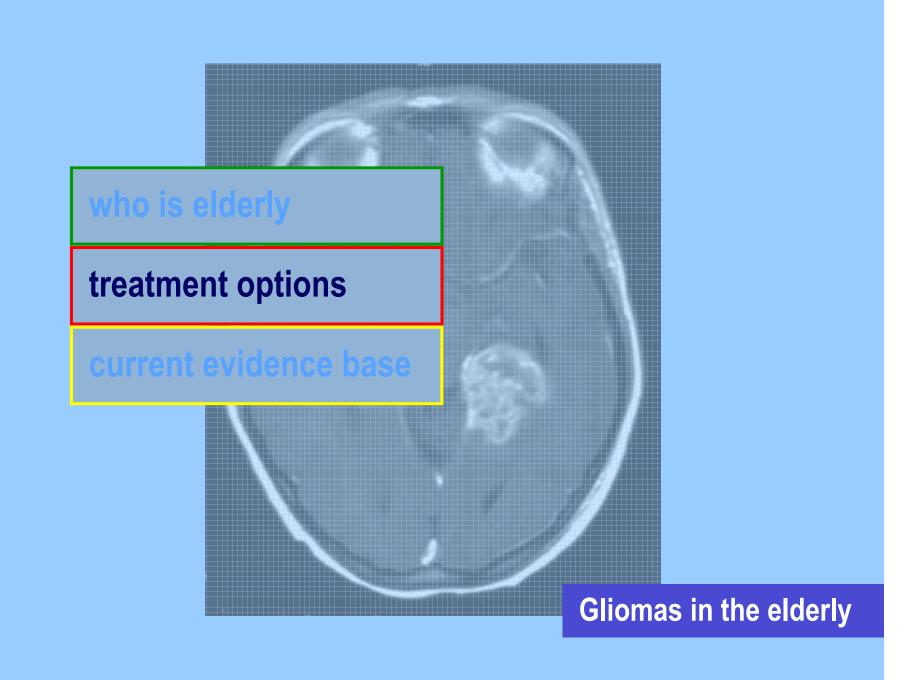
Scott et al, Cancer 2012;118:5595-600

Poor prognosis GBM median survival < 7.5 months

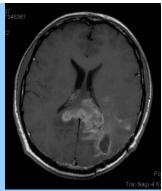


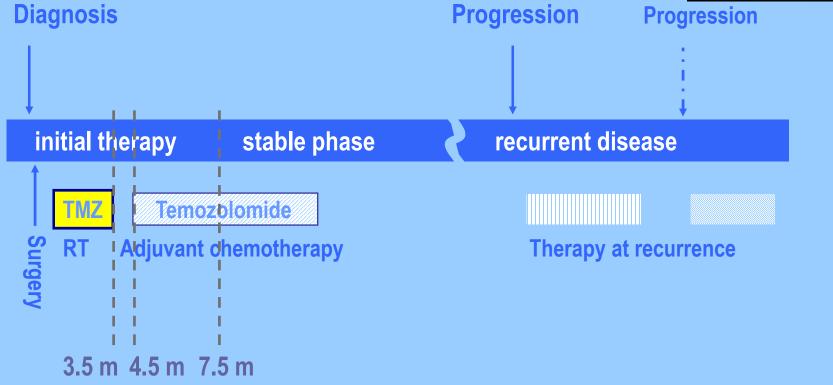
age ≥ 50		
	KPS<70	
	KPS≥70	biopsy
		limited function
age ≥ 70		
	KPS<70	
	KPS≥70	biopsy
age ≥ 75.5		

Age and prognosis



Treatment options in glioblastoma



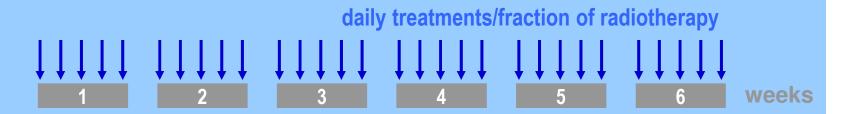


High grade glioma therapy

Radical radiotherapy

Palliative





Conventional radiotherapy

60Gy 30 fractions in 6 weeks

Radiotherapy in malignant glioma







Hypofractionated radiotherapy

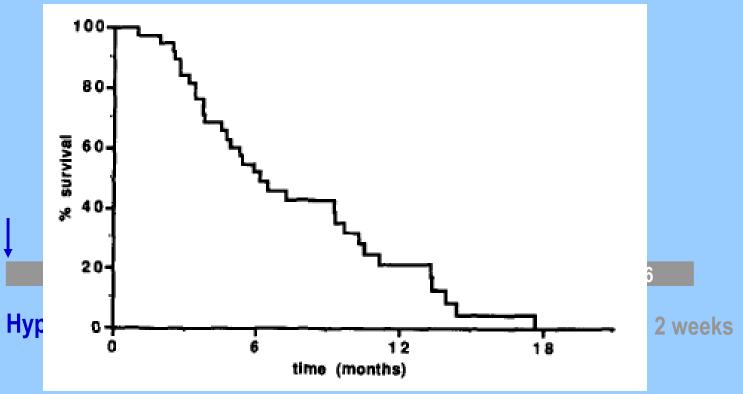
30Gy 6 fractions in 2 weeks

Radiotherapy in malignant glioma

Thomas et al 1994 McAleese et al 2003







Radiotherapy in malignant glioma

Thomas et al 1994 McAleese et al 2003

Single arm trial and comparison to matched controls

poor prognosis HGG cohort (40)

hypofractionated palliative RT

High grade glioma

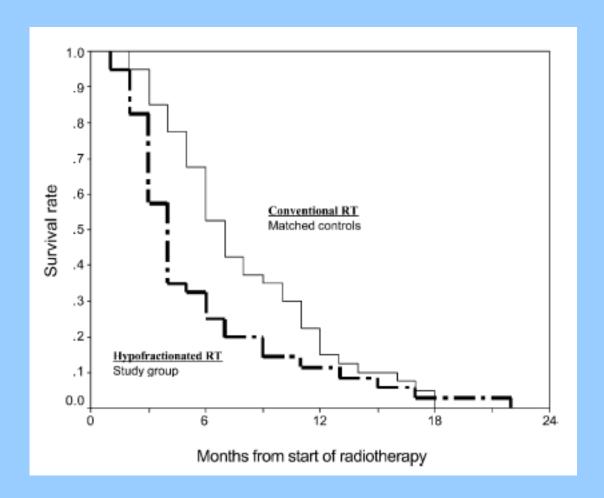
poor prognosis by age and performance status

matched cohort from MRC BR5 study

conventional "radical" RT

Palliative radiotherapy

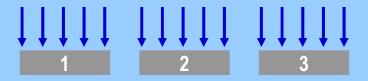
Palliative radiotherapy



Palliative radiotherapy

Palliative radiotherapy

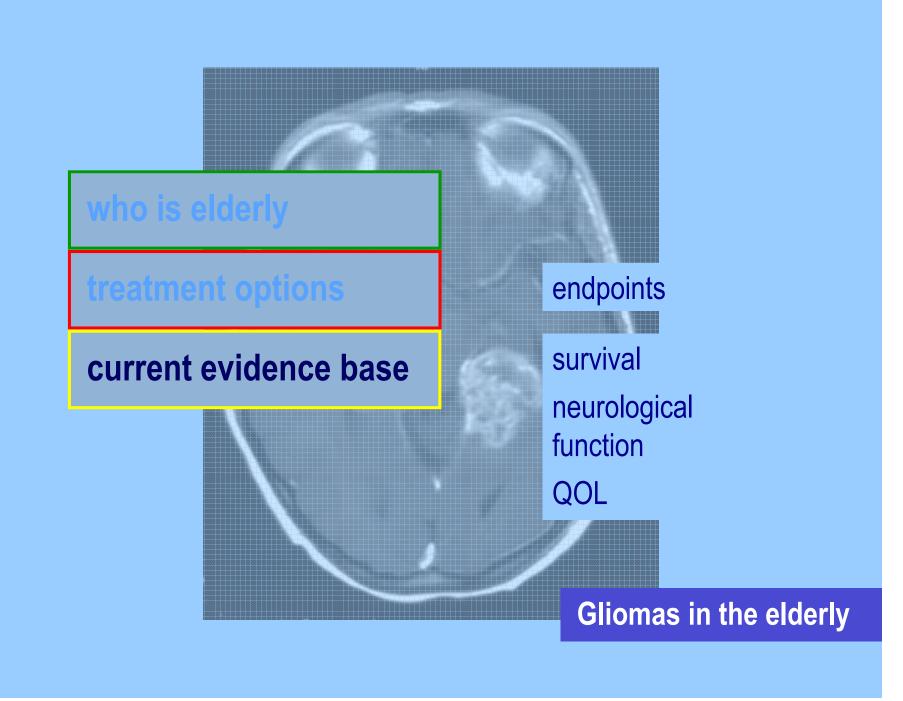




Hypofractionated radiotherapy

40Gy 15 fractions in 3 weeks

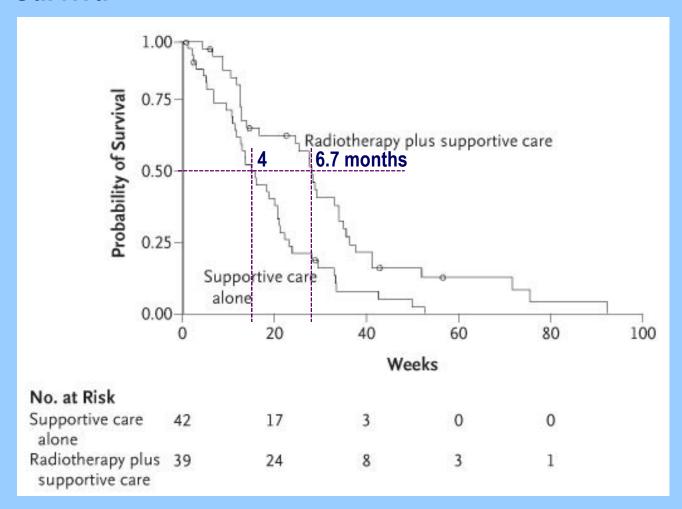
Radiotherapy in malignant glioma



French multicentre trial glioblastoma aged ≥ 70 (70-85) **KPS > 70 Histological confirmation** randomize 85 patients best supportive care + best supportive care **Radiotherapy** (50Gy @ 1.8Gy/fraction)

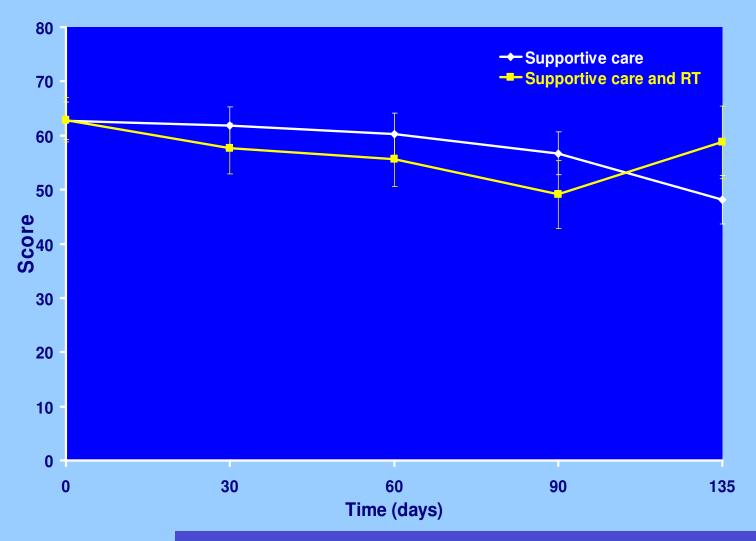
Glioblastoma in the elderly and radiotherapy

Survival



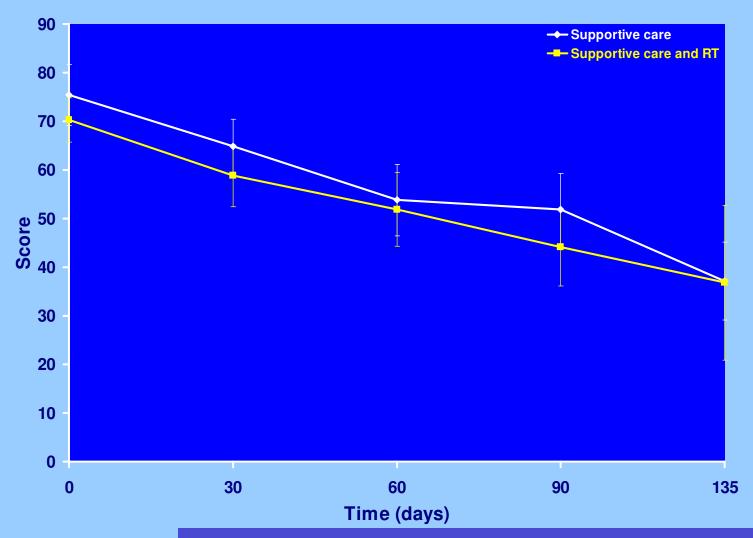
Glioblastoma in the elderly and radiotherapy





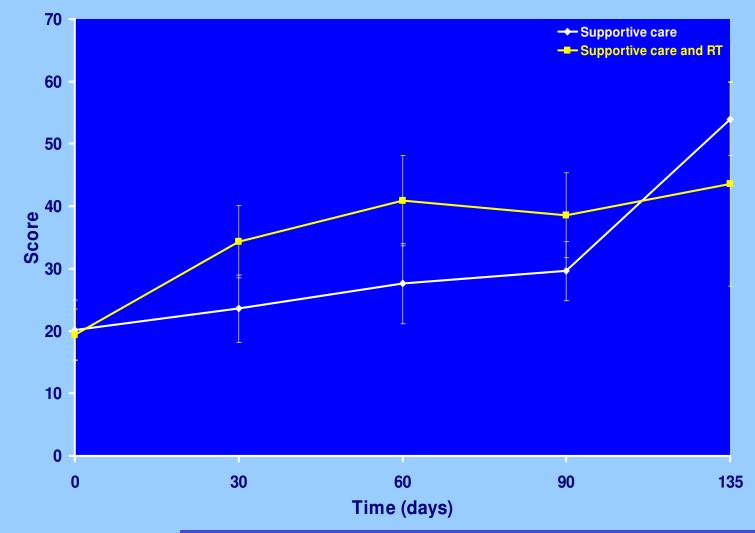
Glioblastoma in the elderly and radiotherapy





Glioblastoma in the elderly and radiotherapy

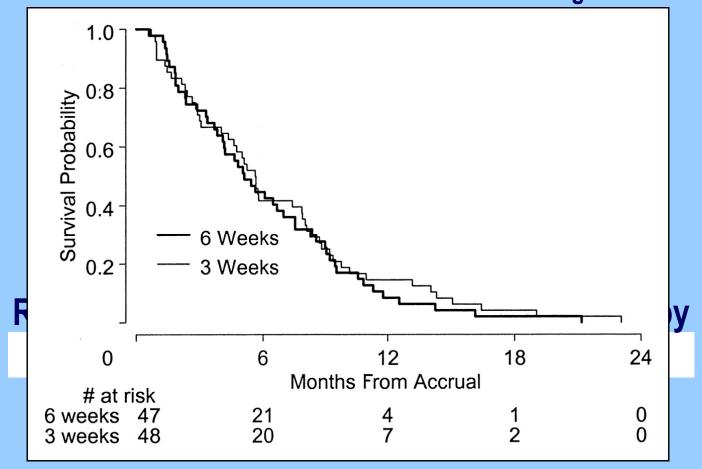




Glioblastoma in the elderly and radiotherapy



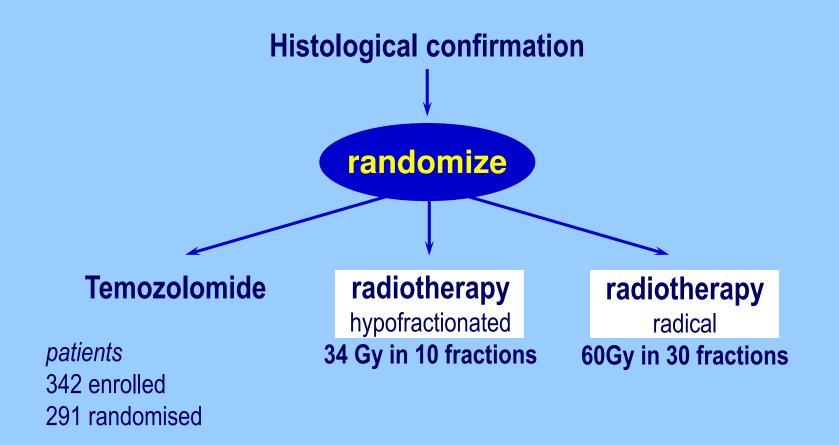
glioblastoma aged ≥ 60



Glioblastoma in the elderly and radiotherapy

Roa et al JCO; 22:1583-1588 2004

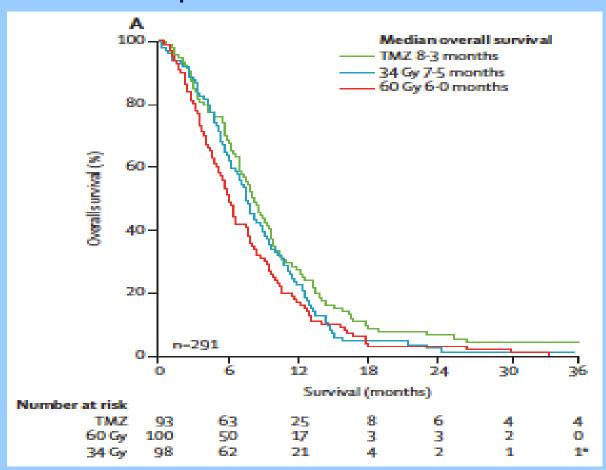
glioblastoma aged > 60 (60-88)



Glioblastoma in the elderly

glioblastoma aged > 60 (60-88)

survival all patients



patients

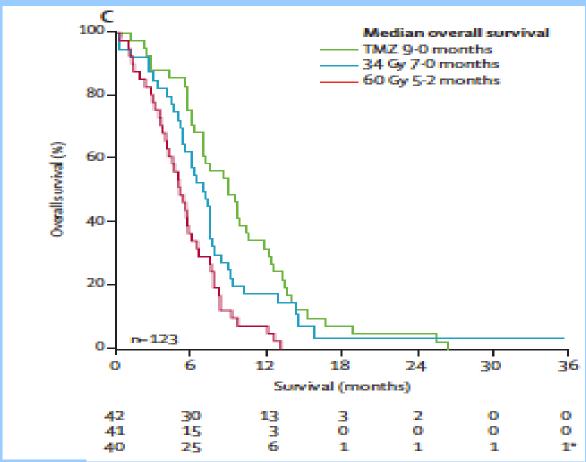
342 enrolled

291 randomised

Glioblastoma in the elderly

glioblastoma aged > 60 (60-88)

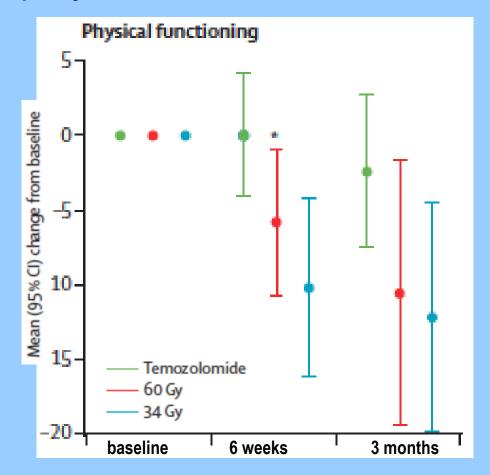
survival in patients > 70



patients342 enrolled291 randomised

Glioblastoma in the elderly

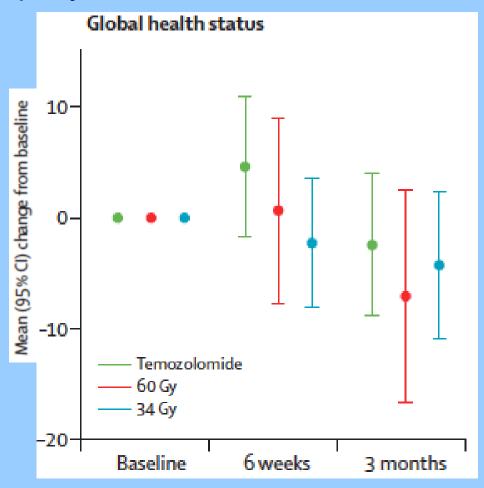
quality of life



Glioblastoma in the elderly

Nordic trial

quality of life



Glioblastoma in the elderly

Malmström et al 2012

glioblastoma & anaplastic astrocytoma aged > 65 (66-84) KPS > 60

Histological confirmation

randomize

Temozolomide

radiotherapy

60Gy in 30 fractions

patients

584 screened

412 enrolled

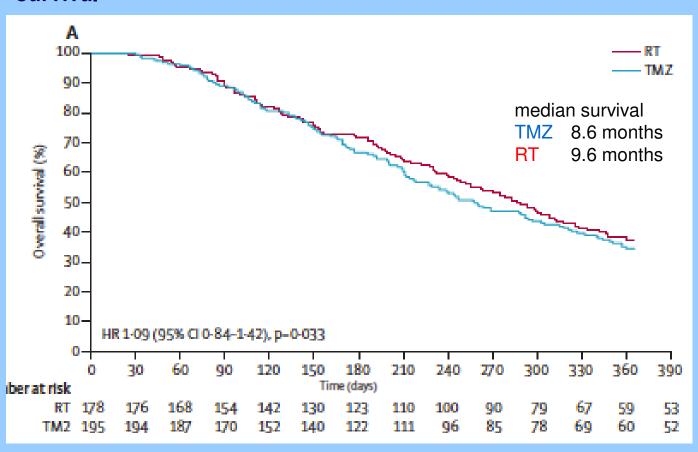
373 received at least one course of treatment

High grade glioma in the elderly

Wick et al 2012

glioblastoma & anaplastic astrocytoma aged > 65 (66-84), KPS > 60

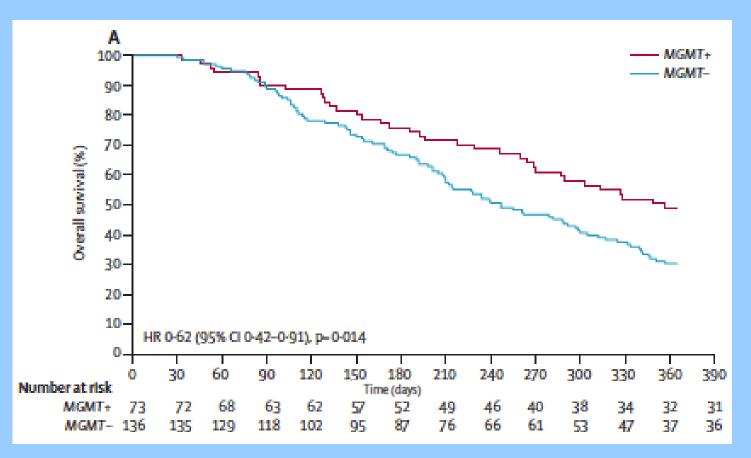
survival



High grade glioma in the elderly

survival by MGMT status

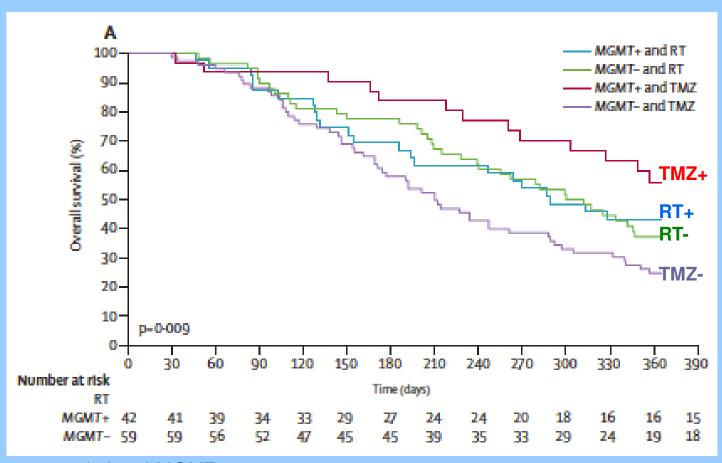
glioblastoma & anaplastic astrocytoma aged > 65 (66-84), KPS > 60



High grade glioma in the elderly

glioblastoma & anaplastic astrocytoma aged > 65 (66-84), KPS > 60

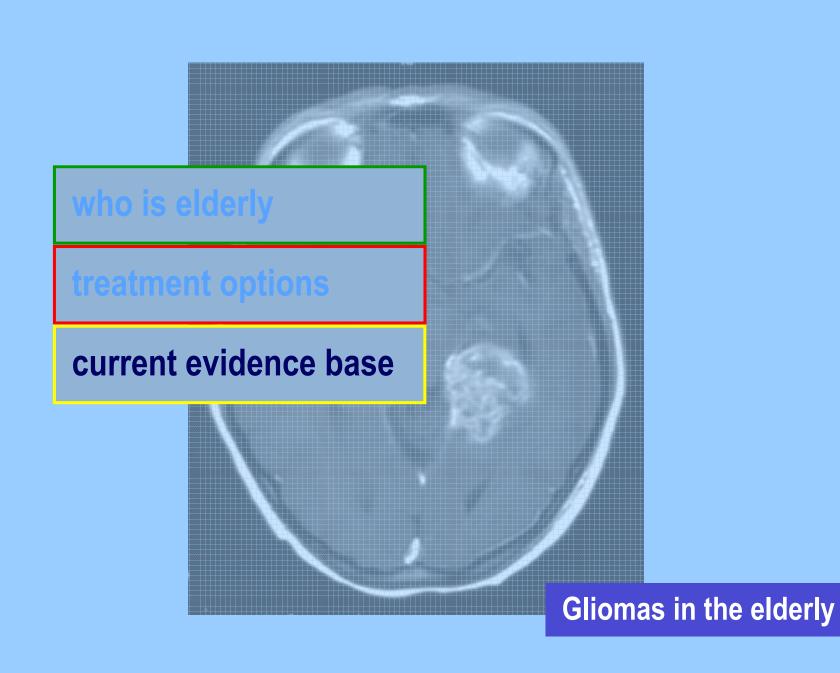
survival by MGMT status & treatment



- + methylated MGMT
- nonmethylated MGMT

High grade glioma in the elderly

Wick et al 2012



supportive care

radiotherapy 34 Gy in 10 fractions

radiotherapy 60Gy in 30 fractions

Temozolomide

supportive care

radiotherapy 60Gy in 30 fractions

radiotherapy 34 Gy in 10 fractions

Temozolomide

radiotherapy 34 Gy in 10 fractions

radiotherapy 60Gy in 30 fractions

radiotherapy 60Gy in 30 fractions

Temozolomide

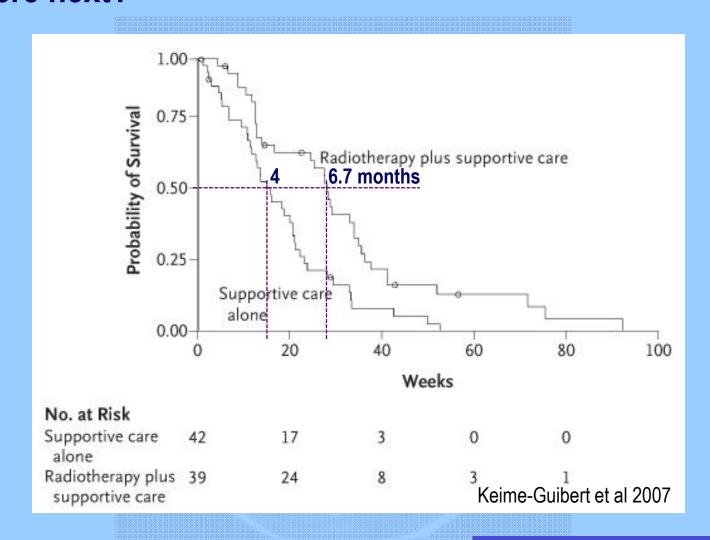
supportive care

radiotherapy
34 Gy in 10 fractions

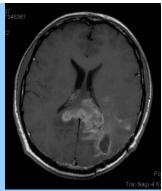
radiotherapy 60Gy in 30 fractions

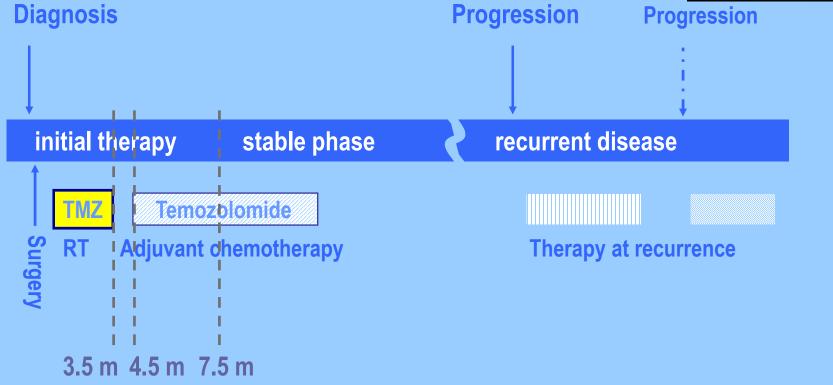
Temozolomide

Where next?



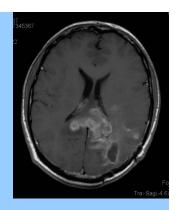
Treatment options in glioblastoma

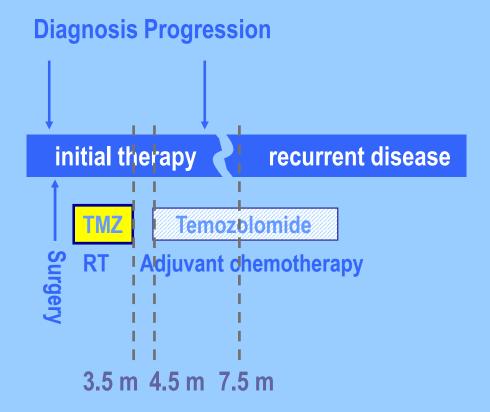




High grade glioma therapy

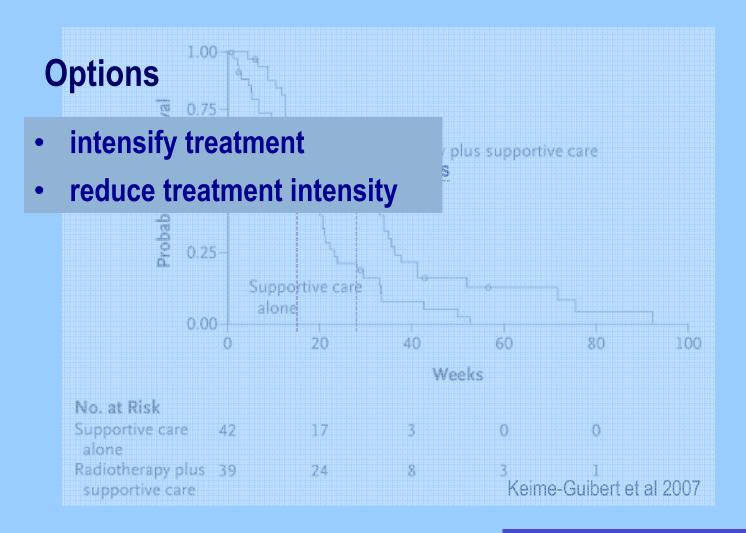
Treatment in glioblastoma in the elderly





High grade glioma therapy

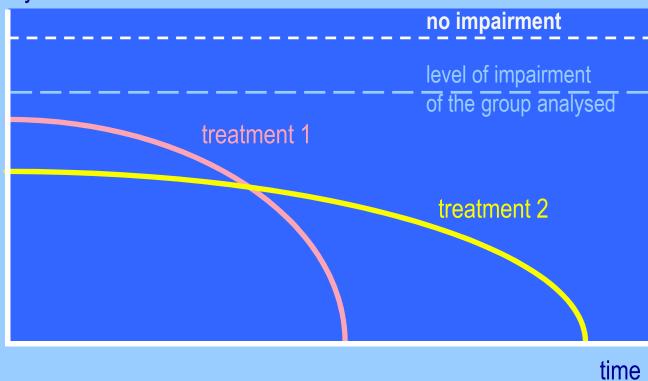
Where next?



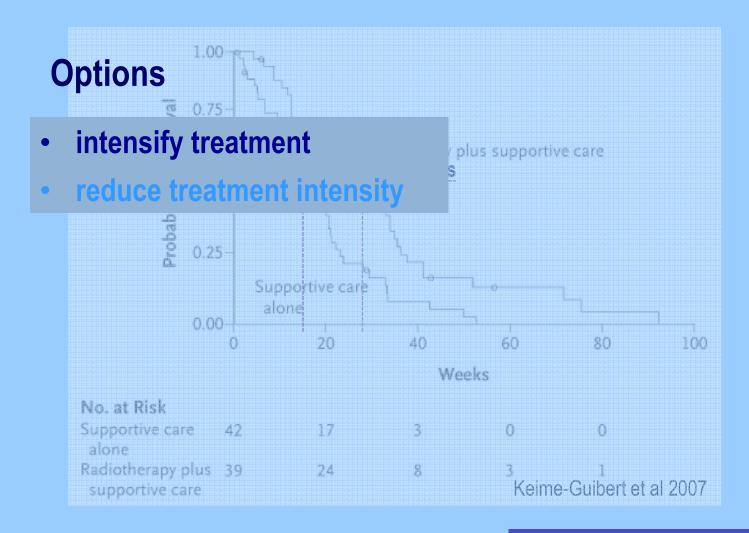
survival and quality of life

quality adjusted survival

quality-of-life



Where next?



intensifying treatment



Primary glioblastoma

randomize

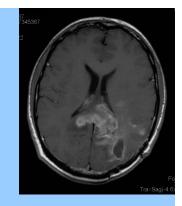
Radiotherapy

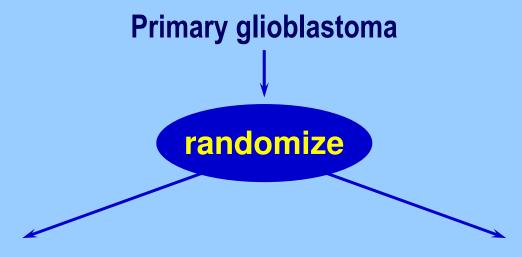
palliative

Radiotherapy

radical

intensifying treatment



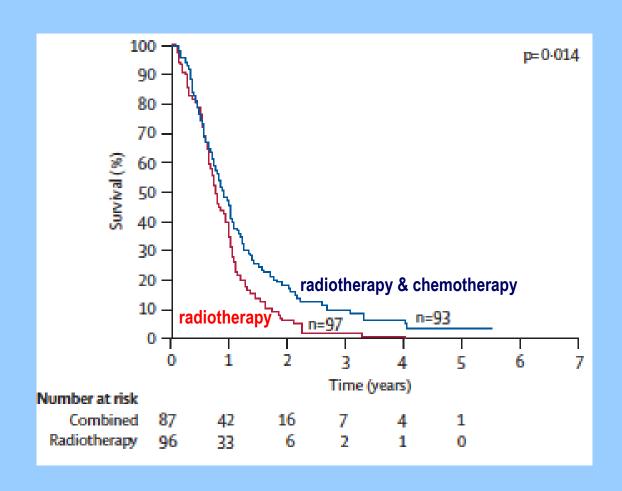


Palliative radiotherapy

Palliative radiotherapy &

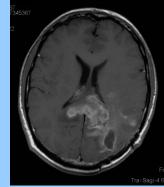
chemotherapy

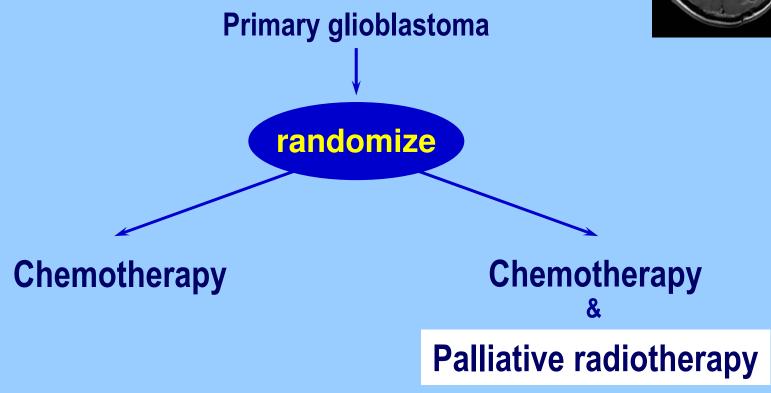
Survival in RPA class V patients (age<70)



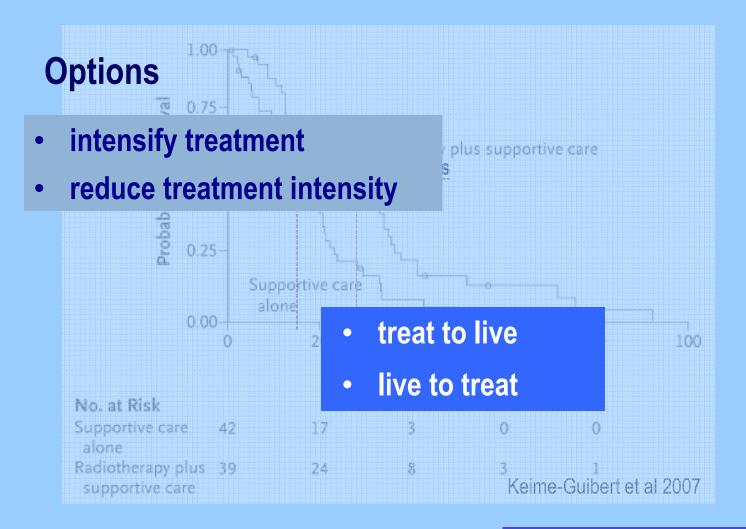
EORTC 26981/NCIC trial

intensifying treatment





Where next?



From dreams to reality

Therapy of gliomas in the elderly

for palliation, after partial surgery

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4 October 2013